

NOVA SCOTIA ASSOCIATION OF

Social Workers

BOARD OF EXAMINERS

1891 Brunswick St., Suite 106, Halifax, NS B3J 2G8

Tel: (902) 429-7298 Fax: 429-0888

The Nova Scotia Association of Social Workers shall ensure that the public at all times receives the services of proficient and competent social workers of high ethical standards (Social Workers Act)

APPLICATION FOR REGISTRATION WITH THE NOVA SCOTIA ASSOCIATION OF SOCIAL WORKERS

I certify that the information provided by me in this application is accurate and complete to the best of my knowledge and belief.

Date: _____ Name: _____ Signature: _____

SECTION 1 - PERSONAL INFORMATION

(Name, as provided will be recorded in the Register and will appear on your certificate and membership card)

SURNAME	FIRST NAME	SECOND NAME	OTHER NAME(S)

Male ___ Female ___ Date of Birth: DD ___ MM ___ YYYY ___

HOME ADDRESS:	CITY:	PROVINCE	POSTAL CODE

PHONE:	E-MAIL ADDRESS:	FAX:

MAILING ADDRESS, IF DIFFERENT FROM ABOVE: _____

LANGUAGES, OTHER THAN ENGLISH, IN WHICH YOU ARE ABLE TO PROVIDE SOCIAL WORK SERVICES:

French: Spoken only ___ Spoken and Written ___ Other: _____

SECTION 2 - EDUCATIONAL INFORMATION

LIST YOUR POST-SECONDARY ACADEMIC CREDENTIALS

Degree Granted	Specialization if applicable	Educational Institution	Month and Year of Graduation

SOCIAL WORK PLACEMENTS

First Placement

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (MM/YYYY) _____ Termination Date: (MM/YYYY) _____

Supervisor (Name): _____ Registered Social Worker: Yes _____ No _____

Second Placement

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (MM/YYYY) _____ Termination Date: (MM/YYYY) _____

Supervisor (Name): _____ Registered Social Worker: Yes _____ No _____

Third Placement

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (MM/YYYY) _____ Termination Date: (MM/YYYY) _____

Supervisor (Name): _____ Registered Social Worker: Yes _____ No _____

If you have completed more than three placements, please add as necessary.

ADDITIONAL CERTIFICATES AND DIPLOMAS RELATED TO SOCIAL WORK

Certification	Specialization	Sponsoring Organization	Date (MM/YYYY)

SECTION 3: EMPLOYMENT HISTORY

Include only **paid employment** in the fields of **social work** or **human services** going back five years

PRESENT OR MOST RECENT EMPLOYMENT

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (DD/MM/YYYY) _____ Termination Date: (DD/MM/YYYY) (if applicable) _____

Job title: _____ Supervisor (Name): _____ (Profession): _____

Phone: _____ Fax: _____ E-mail: _____

PREVIOUS RELEVANT EMPLOYMENT

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (DD/MM/YYYY) _____ Termination Date: (DD/MM/YYYY) (if applicable) _____

Job title: _____ Supervisor (Name): _____ (Profession): _____

Phone: _____ Fax: _____ E-mail: _____

Agency/Organization/Institution: _____

Address: _____ Phone: _____

Commencement Date: (DD/MM/YYYY) _____ Termination Date: (DD/MM/YYYY) (if applicable) _____

Job title: _____ Supervisor (Name): _____ (Profession): _____

Phone: _____ Fax: _____ E-mail: _____

SECTION 4: PRACTICE INFORMATION

1. Are you now or have you ever been registered, licensed or certified as a social worker or in another profession(s) in Nova Scotia or another Canadian province or territory or in a jurisdiction outside of Canada? Yes ____ No ____

If yes, Name of Regulatory Body (agency/board/college): _____

Date of Membership: _____ Are you still a *practising member* with this professional organization? Yes ____ No ____

Province/State/County: _____ Is your registration/certificate/license current? Yes ____ No ____

If you are a member of more than one organization, please provide required information on separate sheet.

SECTION 5: PROFESSIONAL CONDUCT

Please use additional paper if more space is required to complete the following:

Whether in Nova Scotia or any Jurisdiction

1. Have you ever had an application for registration, licensure or certification (professional credential) as a social worker or in another profession rejected? Yes ____ No ____

2. Have you been found in violation of ethical principles by a regulatory body? Yes ___ No ___
3. Have you ever had any professional credential limited, suspended or revoked? Yes ___ No ___
4. Have you been notified by a professional regulatory body of any outstanding complaints? Yes ___ No ___
5. Have you voluntarily surrendered a professional credential in response to an ethics charge? Yes ___ No ___
6. Have you ever been subject to formal disciplinary action by any employer, or have your employment suspended or terminated? Yes ___ No ___
7. Have you voluntarily resigned from an employment position rather than face disciplinary action or termination of employment? Yes ___ No ___
8. Have you ever been convicted of, or admitted to being guilty of a criminal offense? Yes ___ No ___
9. Are there any outstanding criminal charges against you at this time? Yes ___ No ___

If you have answered **yes**, to any of the above, please provide details on separate sheet. The Board may require further information in order to evaluate this application. Answering yes to any of the above **does not** automatically result in a rejection of this application.

SECTION 5: REFERENCES

Please give the names of two person (preferably registered social workers) who can attest to your good character and competence:

Name: _____ Contact information: _____

Name: _____ Contact information: _____

APPLICATION AND PLEDGE:

I pledge and agree that, if registered to practise social work with the Nova Scotia Association of Social Workers, I shall act in accordance with the laws and by-laws pertaining thereto and shall promote the objects thereof so far as may be within my power and shall maintain the ethical standards of the profession of social work. In addition, I agree to adhere to the Code of Ethics and Standards of Practice as adopted by the Nova Scotia Association of Social Workers.

Signature: _____ Date: _____

FEE: Each application must be accompanied by an application fee of \$100.00 which is non-refundable and the prescribed fee (see fee schedule).

Payment: Cash ___ Cheque ___ Money Order ___ VISA ___ Master Card ___ American Express ___

Credit Card Number: _____ Expiry Date (MM/YYYY): _____

Signature: _____ Date: _____

TO BE COMPLETED BY BOARD OF EXAMINERS OFFICE:

Application Fee _____ Membership Fee _____ Date Registration Approved _____